

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/980,043
APPLICANT(S)

FILING DATE

11-19-04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201	1						2 51						
202		1					2 52						
203		1					2 53						
204	1						2 54						
205		1					2 55						
206		1					2 56						
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241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	6						TOTAL CLAIMS						